

Mail this form to:
Office of Senator Norm Coleman
2550 University Avenue, West
Suite 100N
St. Paul, MN 55114
Or fax it to:
651-645-3110

PRIVACY ACT CONSENT

As required by Public Law 93-579, the Privacy Act, I hereby request and authorize Senator Coleman to intercede on my behalf, including the right to review all appropriated documentation that he or his staff deems necessary in connection with the application for assistance or any other action I have pending with the agency named below. I understand that any documents I provide to Senator Coleman or his staff may be copied and forwarded to officials of the agency listed below for review. I understand that all Federal agencies are allowed a minimum of 30 days to respond to congressional inquiries.

Full Name:
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Email Address:
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Address1:
.....

Address2:
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City, Zip:
.....

TelePhone:
.....

County:
.....

Date of Birth:
.....

Social Security:
.....

Federal Agency Involved:
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Veteran's Claim Number:
.....

Military Branch of Service:
.....

Rank:
.....

Alien Registration Number:
.....

If you are requesting assistance on behalf of a family member, please provide that person's name. Please be aware that Senator Coleman can only act with that person's permission.

Family Member Name:
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If you have contacted another congressional office regarding this issue, please list the office.

Other Office:

.....
Detailed Description of Problem:

.....

Signature

Date
